



APPLICATIONS MUST BE SUBMITTED TO:
BILLINGS AREA INDIAN HEALTH SERVICE
DIVISION OF HUMAN RESOURCES
P.O. Box 36600 - 2900 FOURTH AVENUE, NORTH
BILLINGS, MONTANA 59107



FAX NUMBER (406) 247-7251

WWW.IHS.GOV

Email Address: BAHumanResources@ihs.gov

THIS AMENDS BA-DEU-06-04 TO INCLUDE DIRECT HIRE AUTHORITY

This vacancy announcement is used to fill appointments under Excepted Service Examining Plan, Merit Promotion Plan, Delegated Examining, Direct Hire and for Commissioned Officers. Please see the "How to Apply" Page for information on how to apply under these authorities.

POSITIONS: Pharmacist, GS-660-9/11/12		Announcement Number: BA-DEU-06-04	
LOCATION: As vacancies occur throughout the Billings Area Indian Health Service: MONTANA: Billings, Browning, Crow Agency, Harlem, Hays, Heart Butte, Lame Deer, Lodge Grass, Poplar, Pryor, and Wolf Point WYOMING: Ft. Washakie and Arapahoe			
SALARY RANGE: GS-9: \$55,997 to \$67,454; GS-11: \$61,589 to \$75,449; GS-12: \$70,120 to \$86,725 PER ANNUM			
Open Date: 09/14/06		Closing Date: Open Continuous	
Position Status May Be: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary NTE <input type="checkbox"/> Term APPT NTE		Work Schedule May Be: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Intermittent <input type="checkbox"/> Subject to rotating shifts <input type="checkbox"/> Subject to call-back	
Supervisory/Managerial Positions:		Government Housing:	
May be filled under this announcement (May require one year probationary period)		May be available depending on location of vacancy	
Travel: <input type="checkbox"/> No Travel <input checked="" type="checkbox"/> Occasional Travel <input type="checkbox"/> Frequent Travel		Area of Consideration: All Areas	
Promotion Potential:		Moving Expenses:	
Yes, if filled at a lower grade level		Travel and transportation expenses may be paid	

THE INDIAN HEALTH SERVICE IS COMMITTED TO EQUAL EMPLOYMENT WITHOUT REGARD TO RACE, RELIGION, COLOR, GENDER, NATIONAL ORIGIN, AGE, DISABILITY OR SEXUAL ORIENTATION. HOWEVER, IN ACCORDANCE WITH THE INDIAN PREFERENCE ACT (TITLE 25, U.S. CODE, SECTION 472 and 473). PREFERENCE IN FILLING VACANCIES IS GIVEN TO QUALIFIED INDIAN CANDIDATES.

WHO MAY APPLY: ANY U.S. CITIZEN

THE FOLLOWING SPECIAL HIRING AUTHORITIES MAY ALSO BE UTILIZED: Handicapped individuals, of former Peace Corps, VISTA, VRA eligible and 30% disabled veterans. Individuals who have special priority selection rights under the CTAP and ICTAP must be well qualified for the position to receive consideration. CTAP and ICTAP eligible candidates must be considered well qualified if: (1) Possesses the knowledge, skills and abilities which clearly exceed the minimum qualification requirements for the position. (2) Meets the basic qualification standards and eligibility requirements for the position. (3) Meets selective placement factor. (4) Be rated above minimally qualified candidates in accordance with the Indian Health Service Merit Promotion Plan. (5) Is physically qualified. **DEFINITION OF WELL-QUALIFIED, AS DETERMINED IN THE BILLINGS AREA INDIAN HEALTH SERVICE:** Rating out at meeting at least a 3 or 4 on the majority of the KSA's for the position being filled. **EXAMPLE:** If there are 5 KSA's the applicant must have at least a 3 or 4 on three of the KSA's in order to be considered WELL QUALIFIED. CTAP and ICTAP candidates seeking eligibility must submit a copy of the agency notice, most recent performance rating and most recent SF-50 noting position, grade level and duty location. Please indicate on your application if you are applying as a CTAP or ICTAP eligible. This agency provides reasonable accommodations to applicants with disabilities. If you need a reasonable accommodation for any part of the application and hiring process, please notify the agency. The decision on granting reasonable accommodation will be on a case-by-case basis.

DIRECT HIRE AUTHORITY - This vacancy may be filled through Office of Personnel Management's delegated Direct Hire Authority. If so, the following is applicable: all applicants who meet the basic qualification requirements will be forwarded to the Selecting Official for consideration. The "rule of three", Veterans' preference and traditional rating and ranking of applications do not apply to this vacancy. For more information on OPM's authorization of Direct Hire Authority, please visit <http://www.opm.gov/hrmc/2003/NewHRFlex-DirectHireAuth.asp>. Applicant must undergo a background investigation and be able to qualify for appropriate security clearance, unrestricted access to secure areas. Must possess a valid State government-issued driver's license. Subject to shift operations, to be on-call 24 hours a day, 7 days a week, independent of shift assignments. In addition to the normal salary range, when applicable requirements are met, this position may provide additional compensation through one or more of the following: Physicians Comparability Allowance, Physicians Special Pay or a Recruitment or Relocation Bonus or a Retention Allowance.

Commissioned Officers: May indicate their interest in being considered by submitting a resume or curriculum vitae. It is the responsibility of the Officer to submit sufficient information as stated on the "How to Apply" page to permit this office to determine whether you meet the qualification requirement.

NOTE: If you are a current permanent IHS employee with Indian Preference you may be considered under the Merit Promotion Plan (MPP) and Excepted Service Examining Plan (ESEP). You must indicate on your application your request to be considered under both plans. Temporary IHS employees, Bureau of Indian Affairs Excepted employees and other Indian Preference candidates will be evaluated under the Excepted Service Examining Plan. Other current permanent Federal employees or reinstatement eligible applicants, may be considered under the MPP and Open Competitive process.

NOTE: If you are a current permanent federal employee or reinstatement eligible individual you may be considered under the Merit Promotion Plan (MPP) and Delegated Examining. You must indicate on your application your request to be considered under both plans.

CANDIDATES MUST MEET TIME AFTER COMPETITIVE APPOINTMENT, TIME IN GRADE, LEGAL, REGULATORY, QUALIFICATION REQUIREMENTS.

HOW TO APPLY

NOTE: IT IS THE APPLICANT'S RESPONSIBILITY TO ENSURE THEY HAVE SUBMITTED A COMPLETE APPLICATION.

Choose one of the following forms to apply for this job.

Please submit one application or resume for each job you are applying for.

Optional Application for Federal Employment (OF-612) with Declaration for Federal Employment (OF-306) Failure to submit a signed OF-306 will make you ineligible for consideration.	Application for Federal Employment (SF-171) Unless a signed OF-306 is submitted, Failure to answer questions 38-47 and sign the form will make you ineligible for consideration.	Resume or Other written application format with Declaration for Federal Employment (OF-306) Failure to submit a signed OF-306 will make you ineligible for consideration.
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An OF-306 may be obtained at: http://www.opm.gov/forms/pdf_fill/of0306.pdf

All applicants must ensure the application you submit contains with the following required documentation. Failure to submit all required documentation with your application will result in your application being incomplete. Applicants with incomplete applications will not be considered for the position.

Your resume or other application format **MUST** contain the following information:

- ❖ **QUESTIONNAIRE FOR CHILD CARE POSITIONS BY THE CRIME CONTROL ACT OF 1990** must be submitted by **ALL** applicants. A **YES** to any of the questions may remove you from competition.
- ❖ **JOB INFORMATION**
 - Announcement number and lowest grade you wish to be considered for.
 - To receive consideration under the Merit Promotion Plan and the Excepted Service Examining Plan you must submit a written request with your application.
- ❖ **PERSONAL INFORMATION**
 - Full name, mailing address (with zip codes), day and evening telephone numbers.
 - Social Security Number
 - Country of citizenship
 - Do any of your relatives work for the Agency or Government organization to which you are submitting your application? If so, please list name, relationship, location.
- ❖ **EDUCATION**
 - **Official Transcripts must be submitted**
- ❖ **WORK EXPERIENCE** - Give the following for your paid and non-paid work experience related to the job for which you are applying:
 - Job title
 - Duties
 - Employer/Supervisor's name, address and/or telephone number
 - Starting and ending dates of employment must include - month and year
 - Average hours worked per week
 - Indicate if we may contact your current supervisor
- ❖ **OTHER QUALIFICATIONS**
 - Job related training courses (title and year)
 - Job related skills, for example: other languages, computer software/hardware, tools, machinery, typing speed
 - Job related certificates and licenses (if you are a licensed medical professional, submit a copy of your license to practice)
 - Honors, awards, and special accomplishments, for example: publications, memberships in professional or honor societies, leadership activities, public speaking, and performance awards

Submit the following documents along with your chosen application format if you are in **any** of the following categories:

COMMISSIONED OFFICER	INDIAN PREFERENCE Excepted Service Examining Plan	VETERAN PREFERENCE	FEDERAL EMPLOYEE Merit Promotion Plan (Current, Former, or Displaced Employees)	DELEGATED EXAMINING (Outside of the Federal Government)
Current Billet description (if available) Submit a copy of your most recent Commissioned Officer Effectiveness Rating (COER).	Verification of Indian Preference for Employment – must submit (BIA Form 4432) Current Billings Area IHS employees may state that proof of Indian preference is on file in their Official Personnel Folder. Current or former federal employee must submit most recent FINAL performance appraisal rating.	DD-214 Form (Honorable Discharge) Form SF-15, if claiming 10-point preference (must submit additional required documents listed on the SF-15) Must be submitted to receive preference.	Current Federal Employees or Reinstatement Eligible Individuals must submit Notification of Personnel Action SF50-B, which shows #24 Tenure and #34 Position Occupied . <i>Current Permanent Employees and Reinstatement Eligible Individuals must submit most recent FINAL performance appraisal rating.</i> If No Performance Appraisal is available, applicants must provide written justification for its absence.	Current Federal Employees or Reinstatement Eligible Individuals must write on their application that they wish to be considered under Delegated Examining. If this statement is not on the application and an SF-50 is received, the applicant will be considered under the Merit Promotion Plan.

Addendum to Declaration for Federal Employment (OF 306)
Indian Health Service
Child Care & Indian Child Care Worker Positions

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Item 15a. Agency Specific Questions

Name: _____ Social Security Number: _____
(Please print)

Job Title in Announcement: Pharmacist Announcement Number: BA-DEU-06-04

Section 231 of the Crime Control Act 1990, Public Law 101-647, requires that employment applications for Federal child care positions contain a question asking whether the individual has ever been arrested for or charged with a crime involving a child and for the disposition of the arrest or charge.

Section 408 of the Miscellaneous Indian Legislation, Public Law 101-630, contains a related requirement for positions in the Department of Health and Human Services that involve regular contact with or control over Indian children. The agency must ensure that persons hired for these positions have not been found guilty of or pleaded nolo contendere or guilty to certain crimes.

To assure compliance with the above laws, the following questions are added to the Declaration for Federal Employment:

- 1) Have you ever been arrested for or charged with a crime involving a child? YES _____ NO _____
[If AYES@, provide the date, explanation of the violation, disposition of the arrest or charge, place of occurrence, and the name and address of the police department or court involved.]

- 2) Have you ever been found guilty of, or entered a plea of nolo contendere (no contest) or guilty to, any felonious or misdemeanor offense under Federal, State, or tribal law involving crimes of violence; sexual assault, molestation, exploitation, contact or prostitution; or crimes against persons; or offenses committed against children?
YES _____ NO _____
[If AYES@, provide the date, explanation of the violation, disposition of the arrest or charge, place of occurrence, and the name address of the police department or court involved.]

I certify that (1) my response to these questions is made under penalty of perjury, which is punishable by fines of up to \$2,000 or 5 years imprisonment, or both; and (2) I have received notice that a criminal check will be conducted. I understand my right to obtain a copy of any criminal history report made available to the Indian Health Service and my right to challenge the accuracy and completeness of any information contained in the report.

Applicant's Signature (sign in ink)

Date

Public Burden Statement: In accordance with Paperwork Reduction Act (5 CFR 1320.8 (b)(3), a Federal agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Respondents must be informed (on the reporting instrument, in instructions, or in a cover letter) the reasons for which the information will be collected; the way the information will be used to further the proper performance of the functions of the agency; whether responses to the collection of the information are voluntary, required to obtain a benefit (citing authority), or mandatory (citing authority); and the nature and extent of confidentiality to be provided, if any (citing authority). Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the necessary data, and completing and reviewing the collection information. Send comments regarding the burden estimate or any other aspect of this collection of information to the IHS PRA Information Collection Clearance Staff, 12300 Twinbrook Parkway, Suite 450, Rockville, MD 20852. **Please do not send completed data collection instruments to this address.**

Work and Location Availability Form
Billings Area Indian Health Service
Billings, Montana

Name _____

Date _____

Work Locations

Please indicate your preference for areas of consideration

- | | |
|---|--|
| <input type="checkbox"/> PHS Indian Hospital
Blackfeet Reservation
Browning, Montana | <input type="checkbox"/> PHS Indian Health Center
Blackfeet Reservation
Heart Butte, Montana |
| <input type="checkbox"/> PHS Indian Hospital
Crow Reservation
Crow Agency, Montana | <input type="checkbox"/> PHS Indian Health Center
Crow Reservation
Lodge Grass, Montana |
| <input type="checkbox"/> PHS Indian Health Center
Crow Reservation
Pryor, Montana | <input type="checkbox"/> PHS Indian Health Center
Northern Cheyenne Reservation
Lame Deer, Montana |
| <input type="checkbox"/> PHS Indian Health Center
Fort Belknap Reservation
Harlem, Montana | <input type="checkbox"/> PHS Indian Health Center
Fort Belknap Reservation
Hays, Montana |
| <input type="checkbox"/> PHS Indian Health Center
Fort Peck Reservation
Poplar, Montana | <input type="checkbox"/> PHS Indian Health Center
Fort Peck Reservation
Wolf Point, Montana |
| <input type="checkbox"/> PHS Indian Health Center
Wind River Reservation
Fort Washakie, Wyoming | <input type="checkbox"/> PHS Indian Health Center
Wind River Reservation
Arapahoe, Wyoming |

Call Back Duty and Rotating Shift Work

Please indicate those you will accept

- | | |
|--|--|
| <input type="checkbox"/> I will accept call back duty | <input type="checkbox"/> I will not accept call back duty |
| <input type="checkbox"/> I will accept rotating shifts | <input type="checkbox"/> I will not accept rotating shifts |

Type of Appointment

Please indicate those you will accept

- | | | |
|------------------------------------|-------------------------------|------------------------------------|
| <input type="checkbox"/> Permanent | <input type="checkbox"/> Term | <input type="checkbox"/> Temporary |
|------------------------------------|-------------------------------|------------------------------------|

Work Schedule

Please indicate those you will accept

- | | | | |
|------------------------------------|------------------------------------|---------------------------------------|---|
| <input type="checkbox"/> Full-time | <input type="checkbox"/> Part-time | <input type="checkbox"/> Intermittent | <input type="checkbox"/> Extended Hours |
|------------------------------------|------------------------------------|---------------------------------------|---|